

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 114
Registered No. 46

1. PLACE OF BIRTH

County Yila State _____
District or Township _____ or Village _____
City Maricopa No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Thomas Everett Sykes { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth June 4/1929
Month Day Year

5. No., in order of birth _____

8. FATHER Full name Byron Sykes 14. FATHER Full maiden name Ruby Violet Strait
9. Residence (Usual place of abode) Christmas 15. Residence (Usual place of abode) Christmas
If non-resident, give place and state. Ariz If non-resident, give place and state Ariz

10. Color or race white 11. Age at last birthday 29 (Years) 16. Color or race White 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Shakopee Co 18. Birthplace (city or place) Phoenix
(State or country) Ariz (State or country) Ariz

13. Occupation Miner 19. Occupation House wife
Nature of Industry Nature of Industry

20. Number of children of this mother _____ (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Hester
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Ave
Month, day, year _____

Filed June 8th, 1929 W.D. D. D.
Registrar Registrar

332-604-923